POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PAM	67814	1/12/99
O.I.P.E. CLASSIFIER	EW		
FORMALITY REVIEW	DS	61730	1-26-99
		67212	4/29/99

INDEX OF CLAIMS

✔	...... Rejected	N	...... Non-elected
=	...... Allowed	I	...... Interference
–	(Through numeral)... Canceled	A	...... Appeal
÷	...... Restricted	O	...... Objected

Claim		Date										
Final	Original											
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If more than 150 claims or 10 actions
staple additional sheet here

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